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ESSAYS AND CASES.

ART. I.—*Observations on Fever and other Diseases of the South and West.* By MEDICUS.* No. II.

Perhaps the most interesting physiological fact, which has been brought before the medical world for many years, is the elegant, because natural division of the nervous system, as taught by Mr. Charles Bell. This system or division is beautiful and interesting, not only as relates to the connection of the various parts of the apparatus with themselves, but as regards the other tissues which they control, and the organs which they regulate. What can be more philosophic in the conception, or truer in fact, than that nature should prepare and arrange one set of nerves to govern the process of digestion; another to preside over the important business of respiration; a third for the powers of voluntary motion; and, finally, a fourth to perform the exalted functions of external sensation, and connect us with each other and with all surrounding objects.

How important to the pathologist to know this; and to know,

*It is proper to state that we were mistaken in saying that this writer is a graduate of Transylvania. He was an *eleve* of that institution, but graduated east of the mountains. ED.

also, that these divisions are so connected with each other, that rudeness offered to either, will, if persisted in, provoke the energy and resistance of the whole. To illustrate this, suppose marsh poison be presented to the skin, and the mucous membranes which line the interior of the system. Between these two surfaces, lie all the vital parts of the body. Widely extended over them is that division of the nerves allotted to nutrition; and, indeed, it is internally blended and connected with all the secreting organs of the body, whether the matter, separated from the circulating mass, be excrementitious or nutrient. I would again remark, that the noxious agent *must necessarily* be first applied to the skin, or mucous membrane; for the plain reason, that they are exterior to all the other parts.

The first impression is made on the nervous tissue of these parts, because the nervous is exterior to all other organized tissues. We feel the pain arising from a prick with a thorn or a needle, before the muscles are effected or the blood made to flow. We feel nausea from an emetic, before the vasular system is deranged, or the contraction of the abdominal muscles takes place. These feelings are confessedly experienced first by the nerves adapted to that office, and conveyed to the centre of perception by that division which governs sensation.

The nerves of the skin and mucous membrane, concerned in nutrition, have a duty to perform in common with those of the other secreting organs of the system, to wit, the defence and restoration of the body; and early in the progress of disease, they cause a correspondent impression to be created throughout the division controlling nutrition, growth and decay. When the nutritive nerves are unhealthy, secretion is imperfectly performed. All the secretions require for their performance an organ, nervous energy, and blood. The organ makes, by the agency of the nervous energy, from or out of the blood, whatever secretion in the animal economy it is destined to create or produce.

That a secretory process should be properly done, the blood must possess an aptitude to be acted upon by the organ, under nervous power; but if the nerves of nutrition in the skin

and mucous membranes be disordered, and if they call to their aid a portion of the nervous energy of the other organs, those organs cannot manufacture the secreted fluid as they would do in health. The consequence is, that the blood goes, unrefined and unassimilated, through the system from organ to organ, and neither of them is able to purify or prepare it. Entering the veins it is returned to the heart, and then undergoes the pulmonic circulation. The lungs, because of their inability to bear the impress of such blood, and properly vitalize it, labour and become oppressed. Unvitalized, and in a state of comparative impurity, the blood repasses to the heart, again to be dispersed to all parts of the body. In its progress it fails to give to each or any part its due share of vitality; and consequent injury is sustained by the nerves and muscles of voluntary motion.

In a state of health, if by venesection we cause a deficiency of the vitalizing principle, a corresponding deficiency takes place, in the action displayed by the nerves and muscles of voluntary motion. After the blood has been repeatedly presented to the organ of secretion, and as repeatedly passed through them unprepared; the powers of nutrition, of respiration, and of voluntary motion, are all impaired or suspended; some organ or surface, either naturally imperfect, or accidentally debilitated, yields to the enemy, becomes engorged and obstructed; a portion of the energy of each divison of the nervous system, is then directed to the support, or becomes connected with the disordered condition, of the suffering organ.

The division which presides over sensation is impaired in its power. Hence arises false vision, tinitus aurium, depraved taste, unnatural odors, and unreal pain. Thus it is that the whole nervous system becomes diseased.

In the symptoms of disease, arising from whatever cause they may, the blood vessel system is neither the first nor only one which is disordered or unbalanced. The nervous power as, remarked, is of equal importance in the sustentation of the individual: it is, in fact, co-extensive in its diffusion with

the blood vessels. The symptoms which denote an unbalanced or diseased nervous action, are those which are first manifested; and from this I infer, that the nerves are the strings which first sound discordantly through the living body.

Those disorders as remarked heretofore, which partake of the nature of, or belong to the neurotic classs, are confessedly of a cold or low temperature. That is, they produce a diminution of the temperature of the body. Those individuals who are by nature possessed of a nervous temperament, have generally a coldness of the skin, and a low vascular action.— In apoplexy, hysteria, epilepsy, terror and all diseases which are produced by nervous excitement, coldness is nearly the first symptom presented. It is as invariable in its presence as any other symptom, and indeed more so. Whenever the nerves reign, coldness is the consequence.

If we reflect on the condition under which the body labours, when this tissue holds the government; and compare it with the opposite condition called vascular excitement, the conclusion follows, that though in health they harmonize very well, yet in disease they are a kind of rivals for ascendancy. It is the tendency of an exalted vascular action to increase the heat of the body, as it is that of a preponderating nervous excitement to depress it.

In the cold or nervous stage of a disorder, the action of the muscular tissue may be, and often is violent; but this action is involuntary, irregular, and agitative, producing the shake of an intermittent, and the tremor of fear, the unconnected movements of hysteria, the contortions of epilepsy, and the whimsical gesticulations of Saint Vitus' dance. On the other hand, the action of the body under vascular excitement is powerful, voluntary and determinate, and when moved, it is by the consent of the will, and for the accomplishment of some object, either really or suppositiously, within the reach of the individual.

The difference in the effects produced in the system when one or the other of the tissues has the ascendancy in action, is so palpable, as strongly to impress every clinical physician, with the fact, that each has its own peculiar mode of opera-

ting. He will also recollect, that when there is a preponderance of action in neither, and when there is no tendency to such a preponderance, the body is in a situation entirely different from either of the others, and indeed in a state of health.

The vascular system yields to the controlling action of the nerves, and the coldness of the apyrexial state depends upon this controlling action. When the vascular action is high, the nervous energy has yielded, and heat or fever is the consequence of this yielding. When they are both well balanced throughout the whole system, it is in a sound and physiological condition.

In showing how the cold fit is produced, but more particularly in treating of the order in which the nerves become impaired, I have already referred to the manner in which the blackness of the blood is produced; but here I will repeat, explicitly, that it depends upon deficient secretion.

From the skin and lungs (and mucuous membranes elsewhere) the blood is by the capillaries conveyed to the return vessels, and by them to the heart. In consequence of their inadequacy to the business of secretion, as heretofore explained, that from the skin contains what should have passed out as perspirable matter, which is emptied into the right auricle of the heart; and that from the lungs is loaded with the matter of pulmonary exhalation and conducted to the left ventricle. The coronary circulation, or the circulation of the heart, is carried on with unvitalized blood, or with blood in a state of partial impurity, so are the other two, the general circulation and the pulmonic; both of which must be supplied with this black or depraved blood. One office of the lungs is to secrete from the blood, carbon or carbonic acid, which retained, causes its dark colour; but separated and cast out, admits of the scarlet appearance which we see in arterial blood. This appearance is an evidence to us, that it is vitalized. The blackness of the blood does not depend upon marsh miasma or cold, but upon a deficient action in the secerning organs.

I have already remarked, that when the lungs fail, the three circulations, are carried on with this black or unvitalized

blood. It is in its quality unnatural. The central organ of the circulation, is not only assaulted in its great cavities by this unnatural stimulus, but its very substance becomes irritated. Finding, that by its ordinary exertion it cannot rid itself of this unwelcome tenant, the black blood, it becomes excited, increases its activity, and the nervous system, fatigued by its exertion and debilitated by the remote cause, yields to the increasing action of the vascular system. The heart contracts and dilates with force and celerity. It throws the blood out upon the capillaries; they, after it has been ineffectually applied to the skin and other secretory organs to be renovated in quality, return it to the heart; thence it is cast into the lungs, where its presence irritates the respiratory nerves, respiration becomes accelerated, and the blood, black and unærated, is forced back to the heart, which is increased in the vehemence and force of its contraction. Thus is brought on the stage excitement. A stage in which the vascular completely triumphs over the nervous system. The centre of circulation has government over the centre of perception, and thus they have ascendancy, *tour a tour*, in our ordinary diseases.

Whenever the disease partakes of a general, or constitutional character, or throws into disarray the whole body, it is ushered in with a cold or chilly sensation, because the nerves always experience the first impression. In those cases of poisoning, or of severe accidents, in which death is *suddenly* produced, no congestion occurs in the venæ cavæ, or portal circle; and the blood has not the same dark or black appearance, as is observed to take place in deaths brought on more slowly. The cause is obviously this. The nervous tissue is so immediately injured, as not to lend aid to the organs of circulation. The blood may pass a few rounds, and but few. Death does not arise from "blackness of the blood and consequent weakness of the heart," but from the prostrating operation of the destructive agent on the nerves. Death occurs so soon after the accident, that the blood has not had time to be changed greatly, nor has reaction caused a congestion or engorgement. There may be a co-agulation of

blood in the great vessels about the heart, but in strictly professional language there is no congestion. Nor do congestions occur during the nervous state. They arise because of increased vascular action.

In consequence of a casual or congenital proclivity to weakness, some organ yields to this strong and rapid motion of the blood. Debility arising from any cause, incapacitates an organ for the performance of its part in this accelerated circulation. Here, then, occurs "the stagnant juices which lie out of the verge of circulation," as spoken of by Langrish. I should esteem it quite an imaginary supposition, indeed, that the blood would, when impelled by an immense and powerful *vis a tergo*, pursue the common channels of circulation, and wait till quietude was restored for the opportunity to creep "out of the verge of the circulation."

If there be no physical liability to disease in any part, then, the liver is most likely to suffer. The sluggish venous circulation of that organ, its expansibility, and the soft and yielding parts by which it is surrounded, contribute to make it the seat of obstruction or the receptacle of blood.

The temporary loss of so much blood out of the general circulation, diminishes the quantity of impure blood returned to the heart. Another circumstance also contributes to tranquilize that organ. It is this. By contracting with increased frequency and force, it has thrown the blood an increased number of times upon the skin and lungs; which, though they vitalize it imperfectly, at each time, yet in the end do much for the benefit of that fluid, the heart becomes tranquil, and immediately the preparation for the cold stage, or the nervous action commences. It is brought about, is carried on and terminated in the manner before explained.

In writing on the pathology and treatment of the diseases of the south and west, I shall have ample opportunities of illustra ting this subject.

(TO BE CONTINUED.)

ART. II.—*Cases illustrating the efficacy of Paracentesis, in abscesses of the Pleura.*

1. *A case of Empyema successfully treated by Paracentesis Thoracis.* by JEREMIAH H. BROWER, M. D.

J. Bolander, a stout, robust German, was attacked about the first of Nov. ult. after unusual exposure to the weather, with severe pain in the left side, attended with difficulty and pain in breathing, and dry, harrassing cough: he took some aperient medicine, was bled and sweated, which relieved the violence of the pain in some degree, the cough still continuing with occasional fever. This state continued for three weeks, the patient still at times pursuing his occupation as a shoemaker; when he applied to me for advice, he complained of a dull obtuse pain in the left side; inability to lie upon the right side, an attempt at which produced an immediate sense of suffocation and faintness; the pain but little increased by full inspiration; countenance pallid, and emaciation great and progressive; he coughed incessantly, expectorating in large quantities, fœtid purulent matter; the offensiveness of which produced constant nausea and vomiting: regular hectic paroxysms were established. About two weeks from the commencement of his illness, he experienced a severe rigor, which lasted for half an hour, a few days after which, his fever assumed the form of regular hectic exascerbations. his pulse was small and frequent; bowels regular, & tongue clean. Upon attentive examination, the left side of the chest was perceptibly larger than the right; by percussion of the left side, in the lower portion, a dull, dead sound as of a solid body was elicited, while in the upper portion, above the fourth rib, and in the axillary region, it was unusually clear and resonant; the right side yielded a hollow sound when struck. By applying a cylinder to the left side, not the least respiratory murmer could be perceived in the lower portion of the chest; in the upper portion, and under the axilla it was indistinct, and a peculiar hissing sound was perceptible, which I can compare to nothing so aptly, as displacing water in a vessel by blowing through a tube. In the right side, throughout its whole ex-

tent, a distinct respiratory murmur was perceived, and on that side the action and rythm of the heart were much more distinct than on the left; the patient remarked, that for several days past, he was sensible of the splashing of a fluid in the left side, and upon succussion, a fluctuation was distinctly ascertained. Under these circumstances there could be no doubt of a purulent effusion, into the left cavity of the chest having taken place from an abscess in the cellular structure of the lung, into which one or more of the ramifications of the bronchiæ opened, and that an operation for its evacuation, presented the only prospect of relief or recovery. This the patient anxiously desired, and accordingly, on the first of December, I proceeded to it by an incision between the sixth and seventh ribs at their angles, cautiously avoiding the intercostal artery, and upon laying bare the pleura costalis a small sized trocar was pushed through it. A rush of fœtid gas only, immediately followed it; the patient had some years since, suffered from a protracted pleuritic affection of the same side, I thought it probable that extensive adhesions had supervened, and now obstructed the exit of the matter contained in the sac of the pleura. As the patient was considerably exhausted, I left the canula in for an hour, and then withdrawing it, passed in and downwards a large gum elastic catheter, by which three pints of thick fœtid pus were slowly evacuated; the patient could now, by taking a full inspiration and closing the larynx, expel the air from the wound in the parietes of the chest. Great and immediate relief from the cough, dyspnœa and pain was obtained. A bougie was left in the opening for forty-eight hours, when, the cough returning, the catheter was again introduced and nearly two pints of bloody purulent matter discharged. The cough &c. abated, and my patient began to improve rapidly in appearance; his appetite was good, and sleep regular and refreshing. He continued to do well until the fifth day after the operation, when in a violent fit of coughing the tent which was kept in the wound, suddenly burst forth and was followed by a discharge of a pint and a half of the same sanguineo-purulent fluid as before. From this period his health and strength rapidly and steadily impro-

ved, and in four weeks from the operation, he was able to assume his work at the bench as usual; no inflammatory or untoward symptoms followed. The medical treatment was confined to mild asperients, with an occasional dose of Dover's powder at night, and towards the close, tonics and generous diet: the wound became fistulous, but by a few applications of argenti-nitras, it healed kindly. The left side now yields a sound clearer than the right, and is evidently less prominent than before the operation.

I have been induced to report this interesting case, from an impression that we are too much disposed to abandon, as hopeless, prolonged diseases of the cavity of the chest, from a fear, (perhaps in many instances groundless,) that the pulmonary structure has suffered so much as to preclude the possibility of relief; but in the present advanced state of our knowledge of the diseases of the chest, the result of extensive and persevering pathological research, and the increased certainty in their diagnosis, resulting from the attentive employment of the stethoscope and percussion, may we not indulge the hope, that many of the cases, heretofore abandoned as unsusceptible of even partial or temporary relief, may, by a more energetic and discriminating practice, be brought to a happy termination. The result of the above case, seems to justify the following conclusions, viz: That when it is ascertained, that a sero-purulent effusion into the cavity of the chest exists, unconnected with disorganization of the cellular tissue of the lungs, the operation of paracentisis thoracis, speedily gives relief, and often effects a cure; and that even when such structural disorganization is in progress, may be the means of relieving the sufferings of the patient, and prolonging life; and that we can be greatly assisted by auscultation and percussion, together with measurement of the two sides of the chest, in cases of empyema, in determining the presence of a fluid, and the best spot for the incision, and that in such cases, even under the most gloomy appearances, we should not despond, as recovery partial or total, is possible under the most unfavorable circumstances.

2. *An account of a case Empyema, consequent upon Measles, cured by Paracentesis.* By the Editor.

Measles, of a type decidedly phlogistic, prevailed in Cincinnati throughout the spring of the year 1813. Among its subjects, was Matilda Harsher, aged 9 years, a child well developed and previously in good health. Instead of the antiphlogistic treatment which the epidemic demanded, her physician relied chiefly on Bateman's drops. Under a plan so stimulating, a cough and fever, as might have been expected, continued still to harrass her after the subsidence of the eruption.

Several weeks subsequent to this event, about the first of June, I was requested for the first time to visit her. I found her labouring under fever, the paroxysms of which were followed by colliquative sweats. Her pulse beat upwards of 150 in a minute, with great irregularity and feebleness. Her cough was dry; respiration difficult, and sense of suffocation distressing. She was unable to lie in a recumbent position, or on her right—the sound side. Her emaciation was decided. All the symptoms, in short, were discouraging.

On examining her chest, I found it out of shape. The upper part of the left side was manifestly enlarged and sore to the touch, especially below the nipple and in another spot over the false ribs. The cellular tissue was not œdematous. The heart could not be felt on the left side; but was found palpitating with great frequency and irregularity in the right side, at a point nearly corresponding with its usual position in the left. The right side, thus compelled to afford a lodgement for that organ, had lost *its* proper form. The ribs had bulged out, so as to present a rounded and irregular tumour, in the region of the right breast. As the important discoveries in auscultation, with which Lænnec has favored the profession, had not then been made, the stethoscope of course, was not tried.

The alarming situation of my little patient, required that something should be promptly done, and I administered an emetic and applied a blister to the left side; but these prescriptions, for which no adequate reason could, perhaps, be

assigned, afforded not the least relief; and, in three days, her paroxysms of dyspnœa, and her inability to lie down had greatly increased.

An operation now seemed to be indispensable. On re-examining the affected side, the 5th, 6th, and 7th ribs appeared separated from each other, and there was a manifest fluctuation within. Between the 5th and 6th ribs a soft swelling, not very prominent, was obvious; and this was the spot selected for the puncture.

A horizontal incision, an inch and a half in length, was made through the skin and cellular tissue; when, instead of meeting with the intercostal muscle, the knife pa-sed immediately through the pleura. The flesh at this spot had in fact been absorbed. A pint of 'laudable pus' was forthwith discharged. The wound was then dressed with lint and a poultice; but it continued to discharge copiously through the following night, and more sparingly the nex' day. The second night it ceased, and on the morning of the third day, the cut edges of the pleura seemed to have united. They were forced asunder, and a leaden canula introduced and left in the wound. By this measure, the evacuation was re-produced and continued with some copiousness, till about the fifth day after the operation, by which time we estimated, that she had lost at least three quarts. Thenceforth it was moderate.

Great and almost instantaneous relief resulted from the operation:—The chest diminished in size and deformity; the pulsations of the heart in the right side, became less violent, and soon fell to 110 or 12 in a minute, with great improvement in their rhythm; her cough moderated, and she could lie with her head and shoulders much lower.

She was put forthwith on the use of the Bark, and continued it for twenty months, during which she took thirty-two ounces. About a year after the operation, when I was no longer in attendance upon her, she was seized, as I have since understood, with a severe ague and fever. It might be supposed to have been hectic, but that the shake was protracted and violent, and the type of the disease changed, after a time, from quoti-

dian to tertian, At the onset of this new malady and throughout its whole course, she was still using the Bark.

The canula was worn for twenty-eight months. In the latter part of this long period, she had but little cough or discharge, and was able to go to school. After it was withdrawn she had fits of general weakness, nausea, and sense of sinking about the chest; but within a few weeks these symptoms left her, and she ever since enjoyed good health.

After many years of separation from my patient, we lately had several professional interviews, and this evening (March 23, 1829,) she permitted me to examine her thorax.

The heart has returned to its proper situation, and can no longer be felt in the right side. By the stethoscope I ascertained, that its size and contractions are natural. The chest generally sounds tolerably well; but is much more sonorous just below the spot where the incision was made, than at any other point, indeed more so than is common. Neither at that spot, nor any other to which the cylinder was applied, can pectoriloquism be perceived. The respiratory murmur is no where loud. It can indeed, be scarcely heard, except in the superior parts of the chest; but is at least, as perceptible in the side affected as the other. Pressure gives her no pain or dyspnœa, except when made on the spot that was punctured; which is still tender, and although 13 years have elapsed since the orifice closed up, the cicatrix is still red. Measured from the ensiform cartilage to the spine, the affected side is about half an inch smaller than the other.

She lies equally well on her back or either side, and so far from requiring her head and shoulders to be raised, she prefers them unusually low; she can ascend a stair case or a hill, without any difficulty of breathing; she has no cough; finally, when at any time she has experienced a pain in the side, it has been in the one opposite to that affected with the abscess. She is now married and has one child.

Remarks.—This case in its origin was a striking example of the pernicious effects of a stimulating treatment in measles. If the operation had not been performed, the abscess *might*

have broken externally, but before the pleura and skin could have been absorbed, she would probably have died; the operation, therefore, may be said to have saved her life. The occurrence of ague and fever while the Bark was taken daily, was certainly not to have been expected. The canula was worn much longer than was necessary. We learn from it that the cavity of the pleura will bear, with impunity, a long continued exposure to the atmosphere.

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3. *Notes of a case of Empyema from chronic pleurisy, in which the operation gave relief.* By the Editor.

William Davis, aged 35 years, residing in or near Louisville, was attacked with ague and fever in June 1826, and had occasional relapses for nine months. For three months more was pretty well; when he was seized with a pain in his right hip which yielded, as he supposed, to the shower bath. Soon afterwards—in September—he was seized with pleurisy in the right side, for which, under the care of Dr. Galt and Dr. Dalton, he was bled four times and blistered many more.—Considerably relieved, but still labouring under pain, cough, and dyspnœa, he came, in October, to the neighbourhood of Cincinnati, and called in the aid of a 'Dutch doctor;' who attended him until he became my patient in February. During that period, he was bled once and blistered several times. Of the medicines ordered for him I could learn nothing, except that one of the mixtures contained the oil of peppermint, and greatly aggravated his symptoms whenever he took it.

When he came to the city and put himself under my care, his prominent symptoms, were an incessant cough with copious expectoration; a pulse beating from 120 to 140 in a minute, weak and elastic; irregular hectical exascerbations; copious night sweats; an inability to lie in a recumbent posture; insomnolency; dyspnœa, greatly increased by the least exertion; œdema of the lower extremeties, which had existed all win-

ter; occasional diarrhœa; sallow complexion; pain in the right side of the chest and abdomen; debility so great as scarcely to be able to walk across his chamber; and general emaciation.

External examination of the chest.—*Form and size.* To the eye, directed towards the face of the patient, his left side appeared more convex than the right, which in the lower part seemed rather flattened; but below, and not far from the right breast, there was a considerable bulging out of the ribs, and thickening of the superincumbent soft parts, which were œdematous. The most prominent point of this tumour was red. A fluctuation was perceptible. Measured over the swelling the right side was the larger; but above it the dimensions were reversed.

Pressure.—He bore pressure well over the whole chest, except on the tumour, where it hurt him. He also felt pain in the same part on coughing.

Percussion.—On being struck, the whole of the left side was sonorous; but the right was inelastic and emitted no hollow sound, except in the region of the spine, high up.

Auscultation.—In using the stethoscope, the respiratory murmur was audible over every part of the left side; but could only be perceived in the superior part of the right. Near the spine on this side, there was decided pectoriloquism; which was, also, perceptible in a slighter degree on the left.

Heart.—The rhythm, impulse, and sound of this organ, were natural. In the *right* side, especially in the axilla, the sound was louder than in the left. Posterior to the tumour, there was a metallic tinkling connected with the contraction of the ventricles, which could be heard in no other part of the chest.

From the general symptoms my first impression, of course, was, that the patient laboured under an incurable dyspeptic consumption; but after an examination of the chest, and the discovery of a purulent accumulation in the side, the case assumed to my mind the character of chronic pleurisy combined with hepatic derangements, the offspring of intermittent fever.

Under this state of things, the operation for empyema seemed to offer the only hope of relief which remained for the unfortunate patient; and from *it*, but temporary benefit could reasonably be expected.

On the 10th of February I performed the operation, which was nothing more than the introduction of a broad lancet, as in opening a common abscess. It evidently entered a cavity, but no pus followed its withdrawal. The patient, however, was directed to bend his body forward, when a free discharge of purulent matter, to the quantity of 6 or 8 oz. ensued. The canula was introduced, and cotton applied over it to absorb the pus, which for many days continued to flow copiously. The tube was not worn long, as it seemed unnecessary; but the discharge continued, gradually decreasing, till the patient set off for the city of New York, in the month of June last; and it appears, by the accounts received from him, that it still remains. Immediately after the operation, he was put on the use of the Bark, opium, the blue pill, and prepared chalk, the last of which was required to moderate his diarrhœa. He also, at different times, took diuretics for the relief of his dropsical symptoms.

It remains to speak of the effects of the operation. These were, in all respects, as salutary as could have been expected. His cough, expectoration and dyspnœa were signally diminished; his pulse experienced a great abatement in its frequency; he slept much better, and could lie with his head and shoulders, at the usual elevation; his night sweats recurred but seldom; his strength returned, so that he was soon able to walk about the city, and ascend to its most elevated places; his digestive functions were ameliorated, and he recovered a great deal of flesh. The œdema of his lower extremities, however, continued, though it did not increase; the diarrhœa was still prone to return; and, about three months after the operation, he suffered an attack of violent pain in his knee and ankle joints.

Before his departure for New York, I examined his thorax. The symmetry of its two sides was nearly restored; but the

respiratory murmur had not yet become audible in the parts where it was suspended; nor had its sonorousness returned.

This was, evidently, not a simple case of chronic pleurisy, occasioning sero-purulent effusion. The dropsical infiltration into his lower extremities, and the pains of his joints, his irregular bowels, pain in the region of the liver, and sallow complexion, sufficient to indicate a hepatic disease; while his copious expectoration before the operation, and the inaudible and inelastic state of the right side render it extremely probable, that the right lobe of the lungs is hepatized, or otherwise deranged in its structure.

In the midst of so much complication, all that could be reasonably expected, was the relief that would follow the evacuation of the pus accumulated in the cavity of the pleurisy. The amount of this palliation has been stated; and must, I think, be acknowledged to have been sufficient to justify the operation, and recommend its adoption in all cases of a similar kind.

ART. III.—*Notes of a case imitative of Neuralgic affection, occasioned by Mercury.* By Doctor J. BENNETT.

In the Spring 1825, I was consulted by a man who had contracted syphilis; and found him labouring under chancre, bubo, and an eruption on the skin. I put him on a course of mercury, and directed confinement to his room. The mercury soon produced a ptyalism; and from its first affecting the mouth, he complained of unusual pain in the right cheek, which I took but little notice of, supposing it arose from decayed teeth. As the soreness of the mouth increased, the painful affection of the cheek became almost insupportable. On attempting to speak, the muscles of the right cheek were thrown into violent spasms; indeed, every motion of the face was followed by a paroxysm: the pain, following the course of some of the principal nerves of the face, indicated its affinity to tic douloureux.

To remedy this affection, I had recourse to opium, both internally and externally, using a watery extract of solution, as a wash to the mouth. Although this medicine was not spa-

ringly exhibited, it increased the painful affection of the face to an intolerable degree, and the spasmodic twitchings became almost incessant. On the day following the exhibition of the opium, I directed him to take Bark, hourly, in as much wine as would form a convenient vehicle. On visiting him in the evening, I found him free from pain; he informed me that he had attempted to take the bark; that it had vomited him and produced violent pain and spasms, in the muscles of the face. For relief my patient flew to the wine bottle, half a pint of which he drank at a single draught; which tranquilized the spasms and suspended the pain in a few minutes. He subsequently drank the same quantity through the day, resorting to it whenever he felt the pain returning, with immediate relief. His mouth was less sore this evening, and the discharge of saliva had evidently increased.

Wishing again to try the effects of opium, I directed him to discontinue the wine during the night, and to take that medicine in combination with camphor. In the morning, I found him suffering the most excruciating pain, which came on soon after he had taken the opium, and continued to torment him through the night. The wine was now resumed and again afforded immediate relief. From this time the patient suffered little or no pain. He kept up a moderate excitement with the wine until his mouth was well, which happened sooner than any case of sore mouth from mercury, which I recollect to have seen. A subsequent salivation in the same patient produced a similar disease of the muscles of the face, and the same remedies produced the same effects as before. I ought to remark that the patients teeth were sound.

Is mercurial sore mouth more speedily cured by a liberal use of wine, or ardent spirits, than by the ordinary remedies? Does not the free use of wine produce a discharge of saliva in mercurial cases, attended with dryness and ulceration of the mouth, with hemorrhages from the gums? May we not infer from this case, that wine would give relief in certain forms, of true tic douloureux?

Newport, Ky. January 18, 1829.

ART. IV.—*A Sketch of the Life & Character of Dr. Thomas Hinde.* By the EDITOR.

In the 5th number of this volume we took occasion to notice the age and character of the oldest patriarch of the profession in America, Dr. Holyoke, of Salem, Massachusetts. In the present number we propose to say something of one of his cotemporaries, who lately descended into the "valley and shadow of death."

But few of the physicians of Cincinnati are aware, that one of the most ancient, and in his day successful, members of the profession, has resided for the last 18 or 20 years and died within a few months, in their immediate neighbourhood. Dr. THOMAS HINDE, to whom we refer, expired in the autumn of 1828 at Newport, Kentucky, at the venerable age of 92 years. Commencing the practice of his profession at an early and continuing it to an advanced age, few men of any country were ever devoted to its arduous and responsible duties for a longer period. Yet he has, like the majority of the profession, left behind him no written memorial, of his unwearied labours in the great cause of humanity. When a humane and skilful physician expires before he has passed the scriptural limit of human life, scarcely any event is seen to agitate society with a gloomier feeling of sorrow. A long train of mourning friends and patients, attest how deeply he had inscribed himself on the hearts of all around him. Indeed, we have long thought, that the honours thus awarded, might fill the measure of any man's ambition. It was, however, the fate of Dr. H. to survive the majority of those to whom he had administered health and comfort; to outlive his own well earned reputation; to see not merely the beginning, increase and meridian, but the decline and extinction of his professional fame, perishing, as it necessarily did, with the beneficiaries of his skill and kindness.

To those who thirst after posthumous distinction, and would leave a name to be named with reverence by the generations that are to follow them, the life of Dr. H. may afford a salutary lesson. To affectuate their aim, they *must write*, as

well as observe and think. If they do not record their experience in the annals of the profession, 'their works will follow them.' In Medicine, none should hope to live with the ages which are to come, who do not write. But a different and nobler reason may be urged for this duty. The improvements which a physician makes, are lost to the profession, unless committed to the press; and thus the benefits which he might confer on future times never reach them. If all the practical discoveries which have been made since the revival of Medicine in Europe, and never communicated to the public, could now be recovered and embodied, it is an allowable presumption, that they would constitute a most valuable addition to the maxims and formulæ of the Profession. Every one must recollect, to have seen physicians of age, extensive experience, and acute observation, descend to the grave without having contributed their due proportion, or indeed, any proportion at all, to the stock of facts which it is the duty of all to augment. We remember several practioners of this class, who like Dr. H. left no written memorials of their success; while, like himself, they might, we believe, have contributed something of permanent utility to the science. Several causes might be assigned for this omission; and although it may be considered out of place, we shall venture to name one of them. In the minds of many physicians, there is a wrong estimate of the contributions which certain writers have made to the profession. They are valued too high; an error which would demand no correction, if it did not discourage those who can contribute but a mite, from casting that mite into common treasury. The truth is, that the longest writers have not been the greatest contributors; and that the amount of *new* facts with which the most voluminous authors have enriched our archives, is much less than many suppose, and ought not to deter any one from publishing the smallest discovery which he knows to be real. But we must return to the subject of our sketch.

Dr. H. was born in Oxfordshire, England, on the 10th of July, 1737. After receiving a suitable degree of classical

education he was sent to London, to study physic and surgery. His principal tutor was Dr. Thomas Brooke, one of the physicians of St. Thomas' Hospital. The practice of this physician was embodied and published, by his brother, Dr. Robert Brooke, in two volumes, which we recollect to have read; though nearly half a century has elapsed since they were ordinary books of reference.

In the year 1757, at the early age of twenty, Mr. H. had made such proficiency, that his master presented him to the Royal College of Surgeons for a license. Sustaining a satisfactory examination, he immediately afterwards received the commission of Surgeon's mate in the navy; and sailed for America, with the forces under the command of Gen. Amherst.

He landed at New York on the 10th of June, 1757; and was afterwards, during the same year, with the squadron at Louisburg. The following winter he spent at Halifax; and in 1758, assisted in the reduction of Louisburg by Amherst. A new conquest was now meditated and our young Surgeon proceeded with the celebrated Gen. Wolfe, in his memorable expedition against Quebec. It was his good fortune to be attached to the ship which bore the commander in chief, where he had ample opportunities of seeing much of that distinguished man, and observing his operations. His reminiscences of these events, were among the most cherished of his life. Down to the day of his death he was accustomed to describe the General as "a tall and robust person with fair complexion and sandy hair; possessing a countenance calm, resolute, confident, and beaming with intelligence."

Dr. H. was near the General at the moment of his fall, and when an aid exclaimed, 'they run, they run,' the Doctor heard the expiring chief articulate the question, 'who run?' He was answered, 'the French, sir; they are running away in all directions:' 'then,' said he, 'I die contented,' and sinking into the arms of the officer who supported him, he expired.

This celebrated death scene has been often painted, and in some of the pictures Dr. Hinde is represented as being present, and feeling the pulse of the wounded General.

After this event Dr. Hinde was present at the reduction of Bell'isle. Having experienced promotion, he remained in the service as surgeon of a vessel of war, after the peace of 1763; but was at length induced to abandon the navy for a residence in the colonies. An aged physician of Virginia had written to Dr. Brooke, requesting him to send out from London, a young physician of talents, who might assist him in business. Dr. Brooke selected for this purpose his pupil Dr. Hinde, and earnestly advised him to avail himself of the situation which was offered. To this influence was added that of a kinsman in Virginia, and a gentleman in the same state, who had been his friend and fellow student in London. Yielding to their united importunities, he resigned his commission and set sail for the state just mentioned, where in 1765 he settled as a physician. His first residence was in Essex county; but he soon afterwards left it for King and Queen, where he purchased property and engaged in the practice of medicine and surgery with great success. In 1767 he married Miss Mary Todd Hubbard, daughter of his countryman Mr. Benjaman Hubbard, an English merchant; by whom he had eight children, and with whom he lived 61 years. For reasons which are unknown to us Dr. Hinde did not continue long in this situation, and his next removal was to Hanover county, where he established himself in the neighborhood of the celebrated orator and statesman, Patrick Henry, and became his family physician. He was also in the vicinity of another eminent man, the Reverend Samuel Davis, afterwards President of Princeton college. To the society of these great men, especially the former, the Doctor was chiefly indebted for his conversion from Royalty to Republicanism. Under the powerful influence of the orator and patriot, the Doctor forgot both his king and native country, and engaged with zeal and activity in the eventful cause of the oppressed colonies. Lord Dunmore, the Governor of Virginia, was his countryman and personal friend, and they had done each other acts of kindness; but in the mind of the Doctor, all personal considerations were absorbed by those involved in the approaching contest; and he became Henry's chief Surgeon in 1775, when he

marched against Lord Dunmore, on what was called the gun powder expedition. Subsequently he prepared himself to act as Surgeon to the regiment, which Henry was destined to command; but relinquished the design, when a new direction was given to the efforts of his friend, by his being elected Governor of Virginia. The Doctor, however, did not become an idler in the cause of liberty; possessing the confidence of the Governor, he was appointed to inoculate the troops designed to enter the continental service. To this responsible duty, he devoted himself with a zeal which conferred on his adopted country the most important benefits, while it seriously impaired his private fortune.

After the termination of the war, he continued for many years to reside in Hanover county, dispensing the benefits of his profession with distinguished effect.

Dr. Hinde had been educated in the principles and practice of the Episcopal Church; but he had now become a Deist, and took pride and pleasure in ridiculing Christianity. His views and feelings, however, at length underwent a radical change; the immediate cause of which was so uncommon, and, at the same time, so professional, that we shall not hesitate to relate it. His wife and daughter had been converted to Christianity, and attached themselves to the Methodist Episcopal Church. For this act, his daughter was banished from his house, and his wife placed under medical treatment, for what he considered, or affected to consider, insanity. His remedy was a blistering plaster to the whole length of the spine, which he left on for several days. By this measure of violence, he hoped to deter her from further attendance on places of public worship. But, as he used to say, God turned the 'huge blister' upon his own heart. The christian fortitude and meekness, with which his wife bore the protracted anguish which his cruelty inflicted on her, excited his sympathy and filled his soul with remorse. A feeling of respect was awakened towards that religion, whose votaries could endure such pain and persecution, without a murmur; and he was led forthwith to investigate its origin and principles. The inquiry resulted in a perfect conviction of its divinity; and he at-

tached himself to the same church, from which he had sought by violence to estrange his wife and daughter; and for nearly half a century continued one of its most devout and exemplary members. Such was his temperament, indeed, that he may fairly be said to have passed into the opposite extreme. Down to his dying day, religion was his darling theme. No waking hour ever passed, whoever might be present, in which he did not utter some expression of admiration for the christian faith, and thank heaven that he felt its influence. Throughout the whole of this long period, he never attended to the call of a patient, without first retiring to pray in secret, for the success of what he might prescribe; and when he reached the house, whether of rich or poor, christian or infidel, his invariable practice was, to assemble such members of the family as could be conveniently brought together, and re-engage, with them, in prayer for the recovery of the sick, before he would exhibit a single remedy. In the efficacy of prayer the Doctor was a firm believer, and not a few of his patients cherished the same faith. To all such, his religious efforts were auxiliary to his professional; as they contributed to tranquilize the feelings, inspirit the hopes, or confirm the resignation of the sick. Indeed it has long appeared to us, that religion is in some degree a natural inmate of the sick chamber. Most people, when seriously ill, become affected either with religious feelings, or superstitious horrors; which may frequently be quieted, or made to take a most useful direction, by the presence and conversation of judicious christians. However this may be, I am not aware that Dr. Hinde's patients, at any time, suffered injury from his persevering discharge of what he undoubtedly regarded as a solemn duty.

In 1797, Dr. H. left Hanover for Kentucky, and fixed his residence in Clark county, where he speedily acquired an extensive practice, especially in Surgery. This was the last theatre of his professional exertions. The long but bright evening of his life, was spent in Newport, where beloved and honoured he expired inthe midst of his descendants.

As a surgeon and physician, Dr. H. for a period much lon-

ger than most men follow the profession, devoted himself to its duties, in a manner and with effects, which inspired universal confidence. He performed most of the higher operations in surgery, for which his service in the navy nearly eight years, had peculiarly qualified him. In military surgery his practice had, indeed, been great; as he was attached to the army and navy during a period in which many desperate battles were fought. After some of these, he amputed limbs, to use his own familiar language, 'by the cart-load.' Nevertheless, he does not seem to have been prone to resort to the knife; but, in general, to have regarded it as the *ultima ratio artis.* His great object was to render it unnecessary, by an appropriate plan of treatment; and this object, from his diversified experience and great natural sagacity, he frequently accomplished under circumstances so discouraging, that other practitioners had lost hope in every thing but the scalpel. On this subject his example is worthy of all imitation.

In physic Dr. H. was not less successful than in surgery. He was practically acquainted with the diseases of ships and armies; and during his long residence in Hanover county, at that time, annually infested with autumnal fever, he acquired great skill and character in the cure of that epidemic. In the treatment of small-pox, from the duty assigned to him by Governor Henry, he had a degree of experience which has seldom fallen to the lot of any individual. At one time, with the aid of a single assistant, he had 1500 patients under his care, with that malady.

Dr. Hinde was an acute physiogomist. He had studied dil. igently the rules of Lavater, correcting and augmenting them by his own observations. He frequently averred, what no well informed person will venture to deny, that his knowledge of physiognomy was of great use to him in the practice of his profession. By long and attentive observations on the human countenance, he came to know by a *coup d'œil*, not only much of a patients thoughts and feelings, but also a great deal relative to his temperament and diseases. On this point not less than the last, his example deserves to be followed;

forevery physician should cultivate his observing faculties, and nothing in the aspect of the sick should ever escape him.

The incessant exercise of this faculty, led the Doctor to observe many things connected with the constitutions and health of his friends and acquaintances. He was, indeed, in the habit of studying their physical, not less than their intellectual character, and accustomed, at all times, to express his convictions freely. He thus, in many instances, warned them in time of approaching danger; indicated to individuals the diseases to which they were constitutionally liable; and thereby directed their attention to the appropriate means of prevention,—a superintendence which every practicner should exercise over those who call him their 'family physician.'

His admonitions and prophecies should, however, be delivered prudently, or they may do harm instead of good. In the following case it is not altogether clear, that the prediction did not contribute to its own verification.

'Mr. Ellis,' said the Doctor to one of his Virginia friends, 'take care! I know your constitutional tendencies; you are in danger of speedy death.' 'Doctor,' he replied, 'I never was so hearty in my life.' 'For that very reason,' rejoined the Doctor, 'you are in great danger. From your form and temperament, you will probably go off in an apoplectic fit. Life ebbs and flows; you are at high tide; your system must sustain a shock!' In about two weeks Mr. Ellis was no more; but the gentleman who heard the dialogue, does not state of what disease the patient died.

In his attention to the sick, in the active stages of his life, Dr. H. was unremitting and exemplary. When the infirmities of age began to gather upon him, like all others he felt the labours of a country practice irksome; still, however, he was capable of being aroused to exertion by whatever strongly addressed itself to his *sense of duty as a christian.* The following anedote, often related by himself, may serve to illustrate his character on this point.

When residing, at an advanced age, in the interior of Kentucky, he had a visit of several days from his old and excellent friend Bishop Asbury. During the time, he was sent

for to visit a patient at some distance, who was alarmingly ill. The night was dark and rainy, and the Doctor, much afflicted with vertigo, hesitated to obey the summons. The messenger was greatly distressed; when the Bishop, who had been awakened and overheard the conversation, exclaimed—'Doctor you *must* go!' 'Good Lord,' he used afterwards to say, 'the words appeared to me, as though they came from Heaven! I went and found the patient in agony—a few hours more and he would have been past recovery—his case was desperate indeed! I first prayed and committed him to God; then applied medical aid and used every possible means till morning, when, to the great joy of his family and friends, he was entirely relieved, and offered up thanks to God. I have always regarded this event as a singular providence.'

After what has just been said, it is almost superfluous to add, that Dr. H. was a consistent and untiring attendant on public worship. His taste and judgement kept him in communion with the respectable sect of christians, to which he, at first, attached himself; but he cherished the kindest feelings towards all others, of which he gave many practical evidences. The zeal which he felt when united with his brethren in devotional exercises, was, in the language of chemistry, highly *effervescent;* and frequently manifested itself in *ebullitions* of feeling, the most artless and unaffected. Instances of this kind have been mentioned to us; one of which, as illustrating this feature of his character, we shall present to our readers. The Doctor was in the habit of indulging himself in the extempore responses, which are practised by the devouter members of the methodist church while the clergyman is preaching. In his old age, he frequently indulged himself in these pious exclamations in the argumentative periods of the discourse, when others were not so strongly excited, and wished to attend, without interruption, to the reasonings of the preacher. Some of his friends admonished him on this subject, and he promised in future to restrain himself. But, as might have been foreseen, he became impatient under this rash acquiescence; and not long afterwards, in the midst of a sermon, becoming warmed in advance of the congregation but still recollecting his

promise, with a *naivete* which might challenge comparison, he exclaimed—'*Amen, at a venture!*'

Fervent and uncompromising as was the devotional spirit of the deceased, it gave birth to no austerity. His was the religion of love, which delighted in the cheerfulness and innocent enjoyment of all around him. If an enthusiast, he was not an anchorite; he neither shunned nor repelled society; and few men ever attained in a higher degree, to the pleasant and benevolent manners, which should peculiarly characterize a physician and a christian. Being an acute observer, and blessed with a retentive memory, his mind was stored with interesting anecdotes and narratives, relating to distinguished persons and remarkable events; and the ease and simplicity with which they came forth in conversation, rendered an intercourse with him both instructive and entertaining. His colloquial powers were, indeed, of an original cast; & their effect was heightened by the mild but searching expresssion of his light blue eyes. Even in the last year of his pilgrimage, their fires were not quenched; and a gentleman, after being introduced to him, observed: 'he seemed to ask with his eyes, are you an honest man?'

As every physician ought, Dr. Hinde cultivated his domestic relations, and drew from this source copious draughts of happiness. To his children, grand children, and great grand children, he was a kind and loving father; to his wife, a lady of strong and cultivated intellect, who still lives though nearly of his own age, he was a most affectionate husband; and the only regret he expressed on the approach of death was, that he should leave behind him the companion of sixty years. An interesting display of conjugal feeling for a *nonagenarian.*

In concluding our sketch, we may be allowed to express a regret, that one endowed with so much sound understanding, quick perception, and active benevolence; favoured with such diversified opportunities, and permitted to live so long, should have left behind him none of the fruits of his ample experience. When such a man bequeaths to posterity nothing but his good name, he can scarcely be said to have fulfilled his destiny.

Compiled *chiefly* from MSS. furnished by the family.—Ed.]

MISCELLANEOUS INTELLIGENCE.

I.—Analectic.

1. *Blisters in the early stage of Measles.*—The *Lancet* of 27th September, contains the following communication from Mr. Matthews, member of the Royal College of Surgeons.

"I have had extensive opportunities of witnessing a great many cases of Measles with its attendants, viz. inflammation of the lungs, and continued chronic cough, and have seen it treated according to common principles, with variable success. I am therefore induced to recommend a plan of treatment which, for its simplicity and utility, I think, cannot be surpassed, having more than a hundred times adopted it, and with a success which has entirely exceeded my most sanguine expectations. I am, therefore, convinced, that the disease may be cut considerably shorter, and many valuable lives saved, to the comfort of numerous families. I do not mean to put it forth as a novelty, but so far as I have any knowledge, it has not been employed in the manner I am about to mention. It is simply this—as soon as the first symptoms of the complaint show themselves, such as sneezing with defluxions from the nose and eyes, *and before the eruption appears*, the prompt application of a blister to the chest, (of course with other suitable remedies,) seems to act like a charm, in most cases entirely preventing any affection of the lungs supervening. I have lately treated three cases, two according to the plan already laid down, and one upon the common principles of our best physcians, the parents of the child being averse to blisters. The latter is now scarcely recovered, after being ill six weeks; the two former were perfectly recovered in a fortnight. I shall not attempt to explain the modus operandi of blistering, early, but the conclusions, I think, to be drawn, are these:—

1. That the disease is rendered shorter and milder; 2. That the disposition to inflammation of the lungs, and its consequences, if not entirely prevented, is very much mitigated; 3. That the patients are not more predisposed to colds or coughs, than others in whom no disease had taken place; and, 4th. That the recovery is more rapid and lasting."—*Month. Jour. of For. Med. No.* 13.

2. *Mr. Lizars' Method of Amputation.*–In amputation of the thigh, arm, and fore-arm, Mr. Lizars makes two flaps, cutting from without

inwards, with the knife the same length as the longest used by Lisfranc, with this difference, however, that it has only one cutting edge. In amputation of the thigh, he makes the outer flap first, cutting nearly traversely to the bone, the incision pointing a little obliquely upwards towards the trunk; he then carries it along the outer edge of the bone, four or five inches, in the same direction according to the muscularity of the limb. The inner flap is made to correspond precisely with the outer; the assistant instantly grasping the inner flap, and thus completely commanding the artery; so that, if the operator chooses, he may with safety perform the operation without a tourniquet.

The superiority of this mode of amputation over that of transfixion, is said to be, that the surgeon can lengthen his flaps as much as he pleases, even in the middle of the operation, if he considers them too short to cover the bone; besides, he cuts in the same line of direction; whereas, in transfixion, he cuts first from, and then towards himself. In this mode also the flaps are much fuller and thicker; and no lower third flap can possibly remain as in transfixion.—*Ibid.*

3. *Mercury.*—M. Colson, surgeon to the Hotel Dieu de Noyon, who has long been engaged in investigating the effects of mercury upon the system, has recently succeeded in detecting the presence of this mineral in the blood of persons to whom it had been administered. In one instance, a young man had swallowed, by mistake, four or five ounces of the liquor of Van Sweiten; violent fever supervened, requiring venesection. Furnished with a plate of burnished brass, M. Colson directed the jet of blood upon it, and left it in the basin for the space of twenty-four hours, at the end of which time, mercurial stains upon the brass became evident. A similar result was obtained in the other instances. Fourcroy relates in his translation of Ramazzini, that the serum having been collected from a great number of phlyctenæ, which appeared upon the thighs and legs of a gilder, an infinite number of mercurial globules was found in the bottom of the vessel containing it. M. Gaspard has found them in the alvine evacuations; Petronius in the matter ejected by vomiting, where the mineral had been employed in frictions; Rhodius, Breyer. Valvasor, Guidot, Vercelloni, Burghard, Didier, Haeschtter, and recently Dr. Cantu of Turin, in the urine. It has been found in the bones, synovial membranes, in the pleura, and in the lungs. In our own day, M. Dumeril has found it in different parts of the body; MM. Orfila and Pickel have obtained it by distillation of the substance of the brain and nerves; and it is stated in the last number of the *Bull. des Sciences Medicales*, that Professor Hunefield of Griefswold, has found it in its metallic state in the semi-liquid contents of a lipoma.—*Ibid.*

4. *Treatment of Dropsies.*—The September number of the *Revue Medicale* contains some observations by M. Guibert on the appli-

cation of the *methode iatraleptique* to the treatment of dropsies, and particularly of ascites.

This method consists in the employment, two or three times a day, of frictions with the following liniment upon the thorax, abdomen, or legs, according to the seat of the disease. Tincture of squills of digitalis, and of colchicum seeds, each half an ounce; camphorated and ammoniated oil, an ounce and a half. The frictions to be made with a woollen or flannel cloth, and to be continued from five to twenty minutes, according to the quantity of fluid extravasated, and the urgency of the symptoms. Diuretic beverages, and pills composed of squills, digitalis, &c. are at the same time given internally. This treatment will, of course, be varied according to circumstances; it may be sometimes advisable to suspend it for a time, or to conjoin it with demulcents, gentle laxatives, enemata, &c. &c. and if the dropsy be recent, and the cause producing it be known, its removal by appropriate means should constitute the first indication.

The *methode iatraleptique*, observes M. Guibert, such as I employ it in the treatment of dropsies, has especially appeared to me very advantageous in ascites; and it is principally to the use of the liniment above mentioned, that I attribute the success which I have met with in the cure of that disease. The remedies given internally, have been highly useful as auxiliaries, but alone, were insufficient to produce the profuse urinary discharges, I might almost say, the artificial diabetes, which I have observed in different cases, and the rapid disappearance of the great extravasations which I have had to treat. A number of cases, corroborative of the efficacy of the plan, is related, from which M. Guibert deduces the following conclusions:—

1. The cases above mentioned, and I might adduce many others, evidently prove that diuretics, when opportunely administered, and in sufficiently large doses, are, of all the remedies used in dropsy, those which are most uniformly successful.

2. The iatraleptic method, or the use of frictions, is one of the most advantageous modes of employing these medicines, inasmuch as they thus act upon a large surface, and do not fatigue the stomach.

3. It is, nevertheless, always useful to associate with it internal remedies, in order to obtain a more prompt effect.

4. This combined treatment is sufficiently active to produce, in a very short space of time, the diminution of a dropsy which has reached a considerable volume, and thus to obviate, in many cases, the necessity of paracentesis; an operation almost always merely palliative, and which must be repeatedly performed, at intervals more or less protracted, in order to prolong the existence of the patient; whereas, by the persevering employment of the plan which I have advised, we may expect to produce the complete absorption of the effused fluid.

5. Finally, this method is attended with no inconvenience, provided the inflammatory symptoms, if any exist, have been previously removed by appropriate means. In cases complicated with organic alterations, it will even succeed in exciting the absorbent and urinary systems, although the primitive cause of the disease still exists, and sooner or later must occasion its re-appearance. In simple ascites on the contrary, and in anasarca, or œdema of the lower extremities, its success is almost infallible.—*Ibid.*

5. *Puerperal Insanity.*—From 57 cases of this malady treated by Dr. Burrows, he deduces the following corollaries:

1. That mania is a more frequent consequence of lying-in, and the process of lactation, than any other variety of mental derangement.
2. That puerperal insanity occurs from the age of twenty to thirty in the proportion nearly of two to one, at all other ages.
3. That in London, physical causes much more frequently originate puerperal insanity than moral causes, the physical being to the moral as ten to one.
4. That the access of puerperal insanity happens before the fourteenth day in three out of five cases.
5. That it happens between the fourteenth and twenty-eighth days, in one out of about six cases and a half.
6. That nearly four in five recover their intellects.
7. That not more than half recover in six months.
8. That those recover soonest whose delirium supervenes on the process lactation.
9. That the maniacal form ceases sooner than the melancholic.
10. That the mortality is *apparently* but not *really* double Esquirol's return;* and that the greater number of deaths occurred before the second week from delivery.
11. That half, and possibly more, if the truth could always be discovered, attacked by puerperal insanity, prove to possess an hereditary predisposition.—*Commentaries on Insanity.—Ibid.*

6. *Case of Tetanus, with Inflammation of the Spinal Chord, and disease of the Anterior Roots of the Spinal Nerves.*—This case, which occurred at Udina, is strongly in favor of the opinion, that the cause of tetanus is inflammation of the spinal chord; it also confirms Mr. Bell's idea, that movement depends on the anterior, and sensation on the posterior, roots of the spinal nerves.

A woman, of 40 years of age, felt, in consequence of over exer-

*There were only six deaths in 92 cases recorded by Esquirol, and as not one of them occurred till more than six months from the access of the insanity, Dr. Burrows attributes the difference to their having all become chronic, and taken in the aggregate he observes, they do not give a greater rate of mortality, than is allotted to the same number who are insane from other causes. Of the 57 cases mentioned above, ten terminated fatally.

tion a difficulty of moving the lower jaw, a stiffness of the neck, and a tensive pain in the limbs. On the ninth day, after the first appearance of these symptoms, she was taken to the hospital; tetanus and trismus were then fully developed: the former in the form of emprosthotonos. Warm baths seemed to diminish the spasmodic affection of the jaw, but that of the trunk increased, and carried the patient off on the twelfth day. On examination after death, the brain was found in a healthy state; the vertebral canal was filled with a bloody serum; the anterior portion of the spinal chord was of a yellowish dirty white colour, and covered with small, round, and oval hydatids, from the size of a millet seed to that of a pea; its substance exhibited reddish spots; the posterior part was healthy; the posterior roots of the spinal nerves had a very different appearance from the anterior roots; the latter were evidently softened, and presented a yellow colour: the former were perfectly healthy.—*Lancet.*

7. *Difference of the Blood in the Veins and Capillary Vessels.*—The October number of the *Journal de Chimie Medicale*, contains some experiments by Dr. Pallas, which go to establish what might *a priori*, have been supposed, but what, previously to the researches of this gentleman, had not been the subject of direct experiment, namely, that the blood in the capillary system, is more highly animalized than that contained in the veins, being heavier, of a brighter colour, more odorous and viscous. The following is an abstract of the experiment referred to.

A man who had had tertian fever for six days, during the greater part of which time he had been strictly dieted, was bled from the arm, while, at the same time, twelve leeches were applied on the right, and three cups on the left side of the epigastrium. A vessel filled with the venous blood as it flowed from the arm, weighed 19,950 grammes; the same vessel filled with the blood drawn by leeches, weighed 20,450 grammes; an equal quantity taken by means of cupping weighed 20,400. The venous blood had a deep black colour, and separated in a few hours into crassamentum and serum; that drawn by the leeches, was more viscous, presented a bright red color, and exhaled an odour resembling that of a mixture of bile and urine; the crassamentum was larger than that formed from the venous blood. The blood obtained by means of the sacrificator, had a deep red colour, was viscous, and exhaled a well marked bilious odour. The serum of the three kinds of blood was clear and transparent; that which was furnished by the blood drawn by the leeches, was red, and of a deeper color than the others. Treated separately with an ounce of distilled water, the three specimens were subjected to ebulition to coagulate the albumen, in order to appreciate more correctly the proportion of the liquid to the solid parts. The following was the result obtained. Solid parts of the venous blood well dried, 2,550; of the blood drawn by leeches, 3,100; of the blood obtained by cupping, 3,000.

The subject of the second experiment had had, for several days an intermittent gastric affection, accompanied with general irritation of the vascular system. The vessel above mentioned filled with blood as it flowed from the vein, weighed 20,350; an equal quantity taken, not as in the preceding experiment, from that which the leeches had sucked, but collected after their fall from the bites which they had made, weighed 20,750: in this instance also, the latter was heavier, more coloured, odorous, and viscous than the former. Treated with water as before, the venous blood gave of solid parts 2,550; that taken from the capillary vessels, 2,630.

In a third experiment, which was accidentally interrupted, the blood drawn from the vein, and from the capillary system, weighed respectively 20,700, and 20,950; as in the other experiments, the latter was also more highly coloured, more odorous, and viscous than the former.

It is to this difference of chemical composition, observes M. Pallas, that we must attribute the preference given by physicians to local bleeding in a variety of cases. Although many causes must concur to vary the proportions of the constituent principles of human blood, such as age, sex, temperament, constitution, manner of living, health, disease, &c., &c.; the difference which we have pointed out must be uniform in the same person, and explains the important rank accorded to the blood of the capillary vessels, in the production of the phenomena of life.—*Month. Jour. For. Med. No.* 14.

8. *Cure of White Swelling by Frictions of Iodine.* By Dr. Lugol.—The use of iodine in scrofulous tumours is strongly recommended by the most eminent French surgeons. M. Breschet, in his lectures, speaks of it in the highest terms. The same treatment is pursued with advantage at the Hospital St. Louis, from the records of which a recent cure of white swelling and tumour of the jaw may be cited as a proof of its efficacy.

The patient had white swelling, with fistulous ulcers on the knee, the leg was bent on the thigh, and utterly useless. He had also a large tubercular tumour on the right side of the face, which seems to have its origin over the maxillary joint. The swelling was such that the man could scarcely open his mouth, and the flat edge of a penny-piece was the largest substance he could introduce between his teeth. These tumours have entirely disappeared under the use of Iodine frictions.—*Jour. de Hopitaux.—Ibid. No.* 15.

9. *Extirpation of the Uterus.*—This operation has been performed under different circumstances, which require to be distinguished, to prevent the results in one class of cases from influencing our estimate of the operation in cases which are dissimilar.

1st. Oslander performed the excision of the neck of the uterus, and M. Lisfranc has repeated it so often, that there can be no doubt of its being in many instances an operation without pain or danger.

No one, however, who knows the subject accurately, can read these cases without seeing that the operation was in the great number of instances unnecessary, from the absence of malignant disease, while in those cases in which such disease was present it was unsuccessful. What is called cancer of the uterus is seldom or never so confined to its neck that the removal of this part will remove the disease; and all that these operations prove is, that the operators know little of the disease which they imagine they are extirpating, and that the excision of the neck of the uterus is not attended with so much danger as might have been anticipated. Let not, however, the impunity with which the neck of the uterus has been removed, be confounded with the result of extirpating the whole organ—they are entirely different operations; and what is true of the former, throws no light on the latter.

2dly. Cancer has occurred conjoined with a complete collapse of the uterus, so that the whole organ has protruded externally, and has been removed by a ligature round the inverted vagina, above the tumour. As this compound case occurs very rarely, this operation very seldom admits of being performed.

3dly. The inverted uterus has been removed successfully by ligature. In this operation it is the fundus and part of the body only, which are removed; the rest of the body and neck, through the orifice of which they had protruded, being left behind.

4thly. The whole uterus, in its natural situation, has been removed in a considerable number of cases on the continent, and lately by Dr. Blundell in this country. A month or two ago this enterprising practitioner favoured us with the details of a successful case, which has produced a strong sensation among the practitioners of England. We learn, on unquestionable authority, that he has since then performed the operation again, and that the patient died, (it is said of hemorrhage,) within six hours afterwards. We know, on equally good authority that he had performed the operation some time before the successful case, and that the patient died soon after in a state of collapse, without any hemorrhage to explain it. Of the three operations, therefore, which Dr. Blundell has performed, only one has been successful,—the two others being followed by the speedy death of the patients.

In our last Gazette we published a case in which this operation was performed by Mr. Banner, the surgeon of Liverpool; and in which the woman died on the fourth day after the operation. We applaud the conduct of Mr. Banner on this occasion—not merely for the dexterity with which he seems to have operated, but for the courage and candour with which he comes forward and publishes an unsuccessful case.

The extirpation of the whole uterus has now been performed in England four times within the two last years; three times by Dr. Blundell, and once by Mr. Banner of Liverpool: of these cases one only has recovered; the three others have lost their lives. It is im-

portant this should be known, that those who venture on the operation may be fully acquainted with the slight chance which it affords of success. The extirpation of the whole uterus may be called the forlorn hope of surgery—a kind of lover's leap; in which most of those who take it perish in the attempt, but those few who escape alive are cured.

We sincerely hope, and fully expect, that Dr. Blundell, having published his solitary case of success, will publish also his two unsuccessful cases: for on such a subject, not only the truth, but the whole truth ought to be told, in order to guide the profession right in so difficult and important a question. It may be some time before he has leisure to draw up an account of the particulars; in the meanwhile this general statement may supply its place, and is especially necessary, because cases are continually occurring in which the propriety of performing the operation will have to be discussed, and which renders an accurate estimate of its dangers of the utmost value. Let it be remembered that out of four cases in which the uterus has been extirpated in England three have proved fatal.*—*Lon. Med. Gaz.*

10. *On the Coagulation of the Blood*.—Dr. John Davy relates a number of interesting experiments on this subject in the *Edinburgh Medical and Surgical Journal*, for October, 1828. The following are his conclusions. 1st. The coagulation of the blood takes place independent of motion, and it is very little affected by motion, whether violent or moderate; 2dly. That it is not caused by the action of atmospheric air, or much affected by any kind of air that is not absorbable in water; 3dly. That it is not retarded by the introduction and absorption of carbonic acid gas; and lastly, That the action of reagents on the blood, or the fibrin of the blood, as regards coagulation, is exceedingly various not to be anticipated *a priori*, and inexplicable on any one hypothesis hitherto advanced, the effect of each of them requiring special consideration, and further and minute experimental enquiry for its elucidation.—*Am. Jour. Med. & Phy. Sciences. No.* 6.

11. *On the Diseases of the Kidneys and Ureters.* By J. Bouillaud, M. D.—Dr. B. has frequently met with *hypertrophy of the kidneys*, it generally occurs only in one of these organs. It is recognized, according to Dr. B. by the following appearances. The kidney is a quarter, or a third, or perhaps even one half, larger than the natural size. Its substance is firmer, more compact, and redder. It is probable that in such cases the renal artery is enlarged, although this fact has not been determined. Hypertrophy of the kidney occurs under the influence of various causes, which determine to it an unusual quantity of blood. The most likely circumstance to produce this kind of plethora in one kidney is the exist-

*Since writing the above, we have heard that the operation has been performed in Edinburgh, by Mr. Lizars.

ence of some obstruction to the passage of the blood towards the other. It happens, consequently, that hypertrophy of one kidney is frequently detected when the other is in a state of atrophy. Hypertrophy of the heart and of the external muscles, take place equally under the same conditions which preside over the increased size of the kidney.

Atrophy, or diminished nutrition of the kidneys.—This disease M. B. has frequently seen. Its characters are diametrically opposite to those of hypertrophy of the organ. The size of the kidneys is less than natural; their substance is paler; they contain less blood and appear shrunk. Whatever cause obstructs the current of blood to the kidneys, may produce an atrophy of them. In every such instance, M B. has been able to demonstrate a greater or less obstruction to the free circulation of the blood. The pressure of an enlarged spleen has sometimes produced atrophy of the left kidney.—The right kidney has been similarly affected by the continued, yet gradual, pressure of an ealarged liver. In other organs as the heart, the lungs, the breast, the testcle, pressure frequently causes the same diminution of size.

Infiltration of urine, and cysts of the kidneys.—M. B. observes that no pathologist has hitherto described this affection; it is not, however, very rare, but it may easily escape the observation of a careless practitioner; the following are the characters of it: on the surface of the kidneys may be seen several round vesicles, which raise the covering membrane of these organs. These vesicles appear to be small cysts in the substance of the kidney, and are probably formed by a certain quantity of urine, which has distended the uriniferous tubes, in consequence of some obstruction to the passage of the fluid. M. B. has seen some of these cysts as large as a cherry. Sometimes, instead of numerous vesicles, he has detached one large sac, which he presumed to have been formed from the union of several smaller ones, of which the parietes had ruptured. He has found the whole of the kidney transformed into one large sac, containing either a transparent serous or turbid fluid.

Inflammation of the kidneys, and of the disorganization which follow inflammation.—In consequence of their peculiar structure, the kidneys do not easily become the seat of those disorganizations which result from inflammation. Nephritis is marked by the following appearances: redness, tumefaction, presence of pus, softening of the structure of the organ, abscesses, ulceration of the external surface, conversion of the parenchymatous substance into a tuberculous or encephaloid matter, which is in a great measure, the product of the diseased secretion of the affected kidney. Cysts, either on the surface, or in the substance of the kidney, may result from inflammation. In two or three cases, M. B. has found the kidney converted into a fatty yellowish substance. The symptoms of the various ulcerations which the kidneys occasionally undergo, are very obscure; this circumstance will not be considered so extraor-

dinary when we consider, first, that the deep-seated situation of the kidney embarasses our examinations; secondly, that derangement of the function of the kidneys produces similar symptoms to those which result from various affections of the bladder and ureters; thirdly, that pain is by no means a constant attendant upon renal disease. If we are to rely upon the statement of most pathologists, acute pain is the almost inseparable attendant upon inflammation of the kidneys; it is not denied that such is frequently the case, but M. B. affirms that he has observed the most decided marks of renal inflammation in the bodies of patients, who had never complained of pain in the region of the kidneys. This absence of pain may be more easily conceived, when we reflect that the kidneys in a natural state are but slightly sensible. Violent pain is not seldom complained of in the region of the kidneys, when no disease of them is to be detected. The presence of a certain quantity of blood or pus in the urine, when there exists no disease of the bladder, is a symptom of some affection of the kidney; when to this symptom is united a smart attack of fever, the existence of nephitis may be strongly presumed. At the commencement of the disease, if both kidneys are affected, an almost total suppression of urine takes place. Chronic nephritis, like most other internal inflammations of a chronic character, produces a slow fever, which destroys the patient by throwing him into that state termed renal consumption. When the effected kidney continues the performance of its functions, the urine is much altered in its appearance, but sometimes it ceases to secrete; the urine being formed only by the healthy kidney, presents no unusual appearance, and the diagnosis of the disease is then extremely difficult. If both kidneys are simultaneously disorganised, so that a total cessation of the secretion of urine takes place, the same phenomena will occur as we observe in animals in which both ureters are tied, or both kidneys removed; violent fevers quickly arise, and a strong smell of urine is exhaled from the body. Is hypertrophy of the kidneys ever the cause of diabetes? M. B. is not furnished with sufficient facts to justify him in giving a positive answer to this question, but he has observed hypertrophy of the kidneys where the patient had been affected with diabetes. The ureters, like all other parts of the body, may suffer from inflammation, and undergo various alterations of structure in consequence; their canals may be much enlarged, diminished or entirely obliterated; dilatation of the ureter may arise from any cause which obstructs the free passage of the urine into the bladder; contraction or obliteration may follow from any accidental compression, from inflammation of the internal membrane which lines the cavity, or from the cessation of the passage of the urine through the canal, from the function of the kidney being no longer performed in consequence of disease. The symptoms of affections of the ureters are as obscure as those which attend diseases of the kidneys. If both canals are obliterated at the same time, death would speedily result; but if one uterer only is obstructed, the cali-

ive of the liver will be increased considerably, from the additional duty which it will have to perform under such circumstances. In support of these observation, M. Bouillaud details several interesting cases.—*Journal Complementaire, July*, 1828.—*Ibid.*

12. *On the Use of Circular Ligatures in Intermittents.*--About thirty years ago the application of the tourniquet was recommended by Mr. Kellie, a naval surgeon, as a preventive of the paroxysm of intermittent fever, and several instances are recorded by him in Duncan's Medical Commentaries, for 1794, in which he used it with success. He applied the instrument to the arm of one side, and the thigh of the other. Some further experiments have recently been made by Dr. Robouam, on the anti-febrile powers of circular ligatures, and the result is favorable. The ligatures were applied to the arm, and made sufficiently tight to interrupt the superficial circulation, and to retard that of the more deep-seated vessels. As soon as the extremities began to redden, the patient felt easier, and the symptoms of the approaching paroxysm abated; the cold and trembling ceased; the pulse became more free, &c. Nearly in all the cases Dr. R. found two or three applications of the ligature were sufficient to suppress the fever.

According to Dr. R. the following rules are to be observed: 1st. The most favorable time for the application of circular ligature is the beginning of the cold stage, when they seldom fail to suppress or mitigate the fit. They have much less effect in the middle of the paroxysm, and none at all during the intermission. 2d. In case of syncope, the ligatures must be loosened; the patient usually bears them better after some time. 3d. If the ligatures are too tight, they may produce dangerous symptoms, and even suffocation. 4th. The application of circular ligatures has an effect corresponding to bloodletting.—*Ibid.*

13. *On certain methods of treating Chronic Inflammations of the Eye, lately adopted at the Royal Westminster Ophthalmic Hospital.* By G. J. Guthrie.—Mr. Guthrie says that he has been employing with advantage the following remedies in chronic ophthalmia:—

1. ℞. Argenti Nitratis, gr. ij. ad gr. x.; Liq. Plumbi Subacet. gtt. xv.; Ung. Cetacei ʒj.

2. ℞. Hydr. Oxymur. gr. iij. ad iv.; Liq. Plumbi Subacet. gtt. xv.; Ung. Cetacei ʒj.

The argentum nitratum and oxymuriate of mercury must be reduced first to an impalpable powder, then mixed with the ointment on a slab, and the liquor plumbi added. It may be done in a glass mortar. A double decomposition takes place in either ointment, which naturally diminishes the strength of each; but this change takes place slowly, particularly in the oxymuriate ointment, so that weeks elapse before they become inert. A very sensible difference is felt by the patient between an ointment only two days made, and anoth-

er of two or three weeks standing, and the stimulating qualities may be calculated according to the state of the eye, as well as the strength of the composition. The argentum nitratum ointment is gray when first made, but soon changes its colour to a brownish-black. If the argentum nitratum be mixed with the ung. cetacei, (as I once used it,) without the liquor plumbi, it dissolves more rapidly; when used, the powdered nitrate falls into the fold of the conjunctiva, or rests on the lid, and is apt to cause a slough, which is prevented by adding the lead.

The manner of using the ointment is "by introducing between the lids a portion, larger or smaller, as the case may seem to require it, from the size of a large pin's head to that of a garden pea. The eye lids being closed, are to be rubbed gently with the finger, so as to diffuse the dissolving ointment over the whole surface of the conjunctiva; a part of it usually, however, works out by the motion of the lids, and should be wiped off, (if the nitrate of silver,) to prevent its staining the skin. Both ointments cause pain: in some persons it is considerable, in others less so, lasting from half an hour to an hour and a half; and when the ointment is newly made, sometimes for four hours, and even until the next day. On the subsidence of the pain caused by the ointment, that which previously existed is found to be relieved, if not entirely removed; and on the subsequent day, the patient usually acknowledges the benefit he has received, with regard to all the symptoms. When the application has been severe, and the patient very irritable, a state resembling white chemosis, occasionally takes place, and appears formidable to a person unacquainted with the effect of the remedy; it soon, however, subsides. The eye should be fomented with warm anodyne fomentations.'

Mr. G. rarely repeats the application until the third day, 'but the feelings of the patient are the best guide, the return of some of the old sensations indicating the necessity for its use, which should be, if possible, anticipated. In some cases of acute inflammation, two or three applications will arrest the progress of a serious disease, and effect a cure. In chronic cases, the ointment must be continued for a considerable time, and occasionally alternated with other remedies. Where they create a state of regularly increasing irritation, as they sometimes will do, cupping, purgatives, &c. are of service; when the remedies may again be resorted to.'

Several cases are related by Mr. G. in which these applications appear to have been strikingly beneficial.—*Lond. Med. and Phys. Journ. Sept.* 1828.—*Ibid.*

14. *Remedy for opacity of the cornea.*—The following combination is recommended in the *Journal de Chimie Medicale, &c. for September*, 1828, as an useful application to promote the absorption of the effused lymph in opacity of the cornea. ℞. oxyd. hydrar., rub., agaric., alb. $\overline{aa}$ 3ss. Sacch. alb., 3j. misce intim. et pulv. subtil. A small portion to be blown into the eye daily.—*Ibid.*

15. *Signs of Drowning.*—M. Orfila has made a great number of experiments with the view of determining whether submersion has taken place prior or subsequent to death—an important decision in legal medicine. The following are the inferences which he has drawn.

1. That the red, livid, and swelled condition of the face, with froth at the mouth and nostrils, which some authors have laid down as indicating that the submersion has taken place during life, leads to no such inference, as it is wanting in many who have been drowned, and is present in many who have met their death by other means.

2. That the same remarks apply to extreme paleness of the face which is an effect of the body remaining long in the water. M. Orfila here describes the alterations which the skin undergoes in those who have been long submersed. He asserts than on the legs the integuments become indigo colour, and then brownish on exposure to the air, while the rest of the body is very white, but the moment it comes in contact with the air, it is successively converted into brown and green, commencing at the chest. Remaining long in the water also brings on abrasions of the skin, which may give rise to the idea of wounds having been inflicted.

3. Excoriations of the fingers and traces of dirt under the nails are of no assistance, because they are wanting in those who are drowned before they come to the bottom, while they may be present in a body which, being thrown into a river strikes against various obstacles.

4. Injections of the brain and its membranes, M. Orfila thinks would be a satisfactory indication of drowning, if it were proved that the body became cold in a vertical position. As, however, this sign is frequently absent in those who have been drowned, so it cannot be regarded as a positive proof.

5. In those who have been drowned, the right cavities of the heart, the venæ cavæ, the pulmonary veins and arteries, are generally distended by a quantity of black blood, while the left side of the heart and the aorta are much less filled: the right ventricle is of a blackish brown; the left of a clear rose colour; and the right cavities retain a less contractile power than the left. This condition, however, is met with in many cases of sudden death.

6. Although the blood is generally fluid, yet M. Orfila has seen it coagulated in one individual who was drowned: a fact also observed by Lafosse, and more recently by M. Avissard.

7. The dissection of more than fifty persons who had been drowned, has satisfied M. Orfila that it is a mistake to suppose that in drowning the individuals die during inspiration, and that, in consequence, they have the diaphragm pushed into the abomen, and the chest elevated.

8. He regards the colour of the abdominal viscera as indicative of asphyxia in general, but not of drowning in particular.

9. The experiments of Orfila, and some other physiologists, show that water enters the stomachs of those who drown themselves; while this is not the case with regard to bodies thrown into the water.

But, in order to give its full value to this sign, it would require to be proved that the water had neither been swallowed before death, nor injected after it.

10. It is not true that the epiglottis is pushed down upon the larynx.

11. Great importance had been attributed to the presence of sanguineous froth in the windpipe. M. Orfila objects, however, that this exists in other cases, as in death from epilepsy and hanging; while it is wanting in the drowned who have remained long under water, without coming to the surface to breathe.

M. Orfila made a considerable number of experiments to ascertain if water enters into the ramifications of the bronchia of the drowned; and he has always found that the fluid entered the lungs of the animal, and that the quantity was greater or less in proportion to the care took to keep the head erect in lifting the animal out of the water. But the fluid is not found in the air-passages, if the examination be made soon after death. As to the question, whether the water enters the lungs after death, the experiments of M. Orfila agree with those of M. Piorry, proving that it does enter, and more completely the more vertical the position of the animal; and consequently, the presence of water is not a sufficient proof of drowning, as water enters the air-passages of the dead body, and that the only absolute sign is the presence of water in the minute ramifications of the bronchia: it being proved that this water is the same as that in which the individual was immersed, that it had been injected after death, and could not have penetrated to the lungs from the vertical position of the body in the liquid."—*Med. Chir. Rev. Aug.* 1828.

II. Analytical.

16. *Removal of loose substances from the knee joints.* By Charles Averill, Esq. Surgeon.

It frequently happens, that the laced bandage recommended by Mr. Hey, to confine loose masses of cartilage to one spot in the joint, are inefficient; and the extraction of them is then necessary. In the usual mode of operating, however, an excessive quantity of synovia is sometimes lost, and as the body floats from one part to another, there is no certainty of our being able to extract it through the incision which may be made for that purpose.

Mr. Averill (London Medical and Physical Journal,) has ingeniously contrived to obviate these difficulties. He found that by placing around the cartilage, when it was protruded from the joint, an iron ring, he could effectually confine it

to one spot, and by cutting upon it, within the ring, could with certainty extract it, with a very inconsiderable loss of synovia. Still further, to obviate such a loss, and exclude the external air from the cavity of the joint, he advises that the skin should be pulled aside as far as possible, so that when the operation is finished, the incision into that part will not lie over that in the capsular ligament. Mr. A. has published a case in which his operation was perfectly successful.

17. *Acetate of Ammonia in Uterine Diseases.*—Few diseases, not fatal in their tendency, prove more obstinate, and inflict greater pain, than dysmenorrhœa; while its general effect, sterility, gives to it a distinct quality of evil. Every physician must have been disappointed in the effects of the remedies which are in common use for this malady, and be prepared, therefore, to adopt any new recipe.

Sometime since Mr. Cloquet, of Paris, published an account of a case successfully treated with acetate of ammonia. Subsequently Professor Mazuyer of Strasburg, presented the profession with a favourable report of his trials with the same medicine. More lately Dr. Patin, in the Arch. Gen. de Med. has made a publication on the powers of the acetate in several different forms of uterine disease. His memoir concludes with an enumeration of the diseases of the uterus, to which he considers the acetate applicable:

1st. To cases of painful menstruation, though some degree of care is required in its employment, since it diminishes the quantity of the discharge.

2d. To cases of profuse catamenia and uterine hemorrhagies, affections in which he has obtained the most remarkable results.

3d. To cancers of the uterus, in which disease it will prove at least a powerful palliative.

4th. To nymphomania. Its supposed efficacy in this affection rests upon its influence in case fifth.

It is also recommended in threatened abortion, when this accident is constitutional, and depends upon a too great determination of blood to the uterus; in inflammation of uterus and ovaries; in the different organic lesions of these parts; in a word, in every case in which there exists sur-excitation of the genital system of the female. Care, it is stated, will be required, lest the uterine action be reduced below its natural standard.

Before meeting with the report of Mr. Cloquet, we had used a solution of the acetate of ammonia, as a vehicle for the compound tincture of guaiac, in a case of dysmenorrhœa; and thought the prescription more beneficial, than when the tincture was given in wine, milk, and the other liquids generally employed to dilute it.

It should be recollected that the old fashioned Spiritus Mindereri, is substantially a solution of the acetate of ammonia, and may be substituted for the officinal preparation by those who cannot conveniently obtain the latter.

18. *Hydrocyanite of Iron, in Epilepsy and Chorea.*—In the transactions of the Royal Academy of Medicine, of Bordeaux, for 1827–8, several cases have been published, illustrative of the efficacy, in epilepsy and chorea, of the hydrocyanite of iron. The medicine was used under considerable diversity of age, temperament, duration of the disease, and state of the arterial system. The dose was half a grain at the beginning, in the form of a pill, gradually increased up to twelve grains a day. We are indebted to the Journal of Foreign Medicine for an abstract of these cases.

19. *Amputation*; *Circular and Flap Operations.*—In No. 5, vol. II. of the Bost. Med. and Surg. Jour. we find the report of a case of *Fungus hæmatodes*, in which the thigh was amputated, by the distinguished Professor Warren. At the end of the article, the reporter takes the opportunity of stating the comparative estimate, in which the circular and the flap operations, are held, in the Massachusetts General Hospital. Cherishing the highest respect for the skill and science of Dr. W. we transcribe the following paragraph, for the information of our practical readers:

"The circular and the flap operation of the thigh have been tried alternatively at the Hospital for some time back. On a review of these operations, the preference is given to the circular, for the following reasons:—1st. The wound made in this mode is not so vast. 2d. The hemorrhage is less. 3d. The incisions are more regular and precise, than in the flap operation. 4th. The constitutional affection, and, of course the danger is less in the circular, than the flap

operation. The last can be done quicker, and makes a good stump. These advantages do not overbalance the objections. Whether the operation is a minute and a half, or four minutes in duration, is not so important as that the patient's safety should be ensured. When the operation is done, as a above described, all the incisions are smooth and exact; not the least irregularity of muscle appears on the face of the stump; and the covering of muscle, celular membrane, and skin, is as perfect as possible.

20. *Spina bifida.*---Having lately heard of a case of this disease in our own city, in which the attending physician opened the sac with a common lancet, and the child died; we are induced to recal the attention of our readers to the most approved method of treating this congenital malady. The following are the remarks of Dr. Blundel, in his lectures at Guy's Hospital:

Infants may be affected at birth with dropsy of the spinal theca, occurring with variety in the anatomical condition of the parts. Sometimes the dropsy is in the theca wholly; sometimes in the theca and the cranium too; and the dropsies may communicate. The spinal marrow may, I believe, be perfect, or the cauda equina may be more or less deficient; the nerves of the lower limbs and pelvis being formed, nevertheless, in all their perfection, and stretching into the cavity of the spine to terminate, as Burns has justly stated, not in the marrow, but in that part of the theca which lines the corresponding arches of the lumbar vertebræ; the nerves, in fact, originating, or rather coalescing, at the theca of the spine. When the arches and spinous processes of the vertebræ are wanting throughout the chain, so that the spinal canal is completely open behind from end to end, the spinal marrow is, I suspect, generally deficient altogether; and, indeed, the disease scarcely belongs to that which I am now considering; but in spina befida generally, there is a deficiency on the back of the lumbar vertebræ only, forming a chasm, at which one or two fingers may be passed down into the cavity of the spine; and above, and perhaps below, to some little extent, the spinous processes separate into two lateral pieces, so as to become forked, whence the disease is frequently denominated spina bifida. "Dum res manent fugiant verba." The appellation is not, perhaps, a good one; but if we understand one another, the terms may pass. Life is short—our time may be laid out on more important matters. Over the lumber chasm, we may find the parts in one or two very different conditions; for sometimes on this part there is a large tumor, bulky as a small orange, covered with a dark rosy red skin, marbled with a leaden livid tint; and, in other cases, we find upon the chasm a circular brown wrinkled scar, broad as a half crown,

and flat. An infant may be born with this tumor lacerated and open. Hydrocephalus, in conjunction with this disease, may become very obvious, in consequence of the enlargement of the cranium, and the widening of the sutures and the fontanels. Mr. Bryant, of Kennington, showed me a fine example of this.

If the medulla spinalis be defective, I presume the case admits of no effectual remedy; but when this is sound, and the disease is, in other respects, favourable, a cure is not impossible; and for this, as for some other useful practical additions to surgery—surely well worth whole volumes of mere musical and well-turned periods—our race is indebted to a man whose name conveys his eulogy,—I mean Sir Astley Cooper. To him, and to my distinguished colleagues, his successors, I must refer you for a fuller exposition of the method of operating; suffice it to remark, that the tumor is punctured with an instrument like a glover's needle, and day after day, by little and little, the fluid is gradually drawn away; the aperture being secured, more or less effectually, after every drawing and pressure being kept up by means of bandage, or otherwise. Forty or fifty times, as I learn, it may be necessary to repeat the punctures; the cyst filling repeatedly, but continually shrinking, till, at length, after a succession of operations, the cyst contracts into a sort of cicatrix lying over the chasm, to be afterwards protected by truss. To open the cyst extensively, and discharge the water at once, is, I believe highly dangerous. In the course of twenty-four hours, death ensued in a case of this kind, narrated to me by one of my pupils. The tumor was mistaken for abscess. The cases with the brown flat scar are are not fit for this operation. In hydrocephalic cases, there is little to be hoped. Infants left to their fate, in this disease, perish after different intervals. They may live for weeks, months, or years. They may even reach to man's estate, always laboring under the disease. If the marrow be defective, the lower parts of the body may be defective in feeling. Dr. Haighton used to relate the case of a boy, who would thrust pins into the skin with little suffering. Acupuncturation sometimes occasions little pain, even in the healthy.

TRANSYLVANIA UNIVERSITY.

21 At a public commencement held in the Chapel of the University, on Tuesday the 10th of March, 1829, the degree of Doctor of Medicine was conferred on the following gentlemen, alumni of the School, who had undergone satisfactory examinations before the Medical Faculty, Trustees and President, and written Theses on subjects annexed to their names.

FROM KENTUCKY.

Robert Stuart Apperson, of Richmond *on Sarcocele.*
John Charlton Beatty, of Mason C. *on Paracyesis Abortus.*
Richard William Ferguson, of Louisville, *on the Physiology and Pathology of the Teeth.*

Charles Hay, of Fayette County, *on the Anatomy and Physiology of the Stomach.*
Henry Hopson, of Christian County, *on Menstruation.*
John Terrel Lewis, of Lexington *on Milk Sickness.*
Preston Lindsay, of Scott County, *on the Identity of Summer, Fall, and Winter Epidemics.*
Thomas Jefferson Moore, of Bowlinggreen, *on Erysipelas.*
Alexander Hamilton Peck, of Lexington, *Phthisis Pulmonalis.*
James Ritchie, of Lexington, *on Hydrocele.*
Thomas Stevenson, of Meade County, *on Syphilitic and Pseudo-syphilitic affections.*
Robert James Waggoner, of Columbia, *on the Functions of the large Intestines.*
Henry Francis Washington, of Russelville, *on Dyspepsia.*
Walter Carr Winter, of Lexington, *on Ophthalmia purulonta.*

MISSISSIPPI.

Charles W. Harris, of Pike C. *on Lacteal and Venous Absorbtion.*
Charles Shaw, of Jefferson County, *on the Nature and Treatment of Syphilis.*
Solomon Tracy, of Meadville, *on Uterine Hæmorrhage.*
William Walworth Usher, of Wilkinson County, *on Malignant Congestive Bilious Fever.*
William Kinne Wilson, of Adams County. *on Dropsy.*
Elis Pusey Passmore, of Meadville, *on Uterine Hæmorrhage.*

ALABAMA.

William Kelsay Adams, of Limestone County, *on the Medical Topography and Endemic Fever of Limestone County, Ala.*
Richard Tucker Harper, of Lawrence County, *on the Analogy between the Liver and the Brain.*
Jacob Chancy Jordan, of Linden, *on the Operation of Lithotomy.*
Sidney Smith Prince, of Lagrange, *on the Medical Topography and Endemic Fever of Franklin Co. Ala.*
William Williams Wilson, of Monroe County, *on Sleep.*

TENNESSEE.

Erasmus Darwin Fenner, of Jackson, *on the Uterine Hæmorrhage of Pregnancy.*
James McKinney Grey, of Sumner County, *on Opium.*
John McCall, of Smith County, *on Purgative Medicines.*
Henry Holmes Treadway, of Murfreesborough, *on Syphilis.*

SOUTH CAROLINA.

Archibald Ingram Barron, of York District, *on Syphilis.*
Thomas Latta Dunlap, of Lancasterville, *on Hernia of the Abdominal Rings.*
Gilbert Tennent, of Abberville District, *on the Medical Topography of Abbeville District, S. C. with Observations on Bilious Fever, as it occurred there in the Summer of* 1828.

FRANKLIN WILLIAMS, of Laurens District, *on Diet.*

VIRGINIA.

WILLIAM BOMAR, of Halifax County, *on Hydrocele.*
PETER LEATH PENN, of Patrick County, *on Curved Spine.*

LOUISIANA.

OWEN CONNELLY BLOUNT, of East Baten-Rouge, *on the Teeth.*
WILLIAM HENRY LYNE, of East Feliciana, *on Bilious Fever.*

MICHIGAN.

RICE MCCOY, of Carey's Station, *on the Actual Cautery.*
JOSEPHUS MCCOY, of Carey's Station, *on the Pathology and Medical Treatment of Calculous Affections.*

OHIO.

RESIN THOMPSON, of Harrison County, *on Digestion.*

MEDICAL COLLEGE OF OHIO.

22. The Commencement for conferring degrees in this Institution, was held in the College Edifice on the 15th inst. The following is a list of the graduates, with the subjects of their respective Theses:

David Baird, of Middletown, O. on Ascites.
Milton Dunlap, of Ripley, O. on Dependence of Function.
Benjamin Hegeman, of Lebanon, O. on Anatomy and Physiology as the asis of Correct Medical Knowledge.
Lachlan M. Johnson, of Cincinnati, O. on Yellow Fever.
Abraham T. Markle, of Steubenville, O. on Causes, Symptoms and Treatment of Intermittents.
Sydney S. Alexander, Shepherdsville, Ky. on Rubeola Vulgaris.
James Morrison, Bourbon county Ky. on Secale Cornutum.
Zacharia C. Offut, Georgetown, Ky. on Cholera Infantum.
David M. Pollard, Shelby county, Ky. on Delirium Tremens.
William H. Robards, Elizabeth, Ky. on Dyspepsia.
Joseph Somes, Glasgow, Ky. on Datura Stramonium.
William T. Thornton, Oldham county, Ky. on Dysentery.
John H. F. Thornton, Oldham county, Ky. on Hydrocephalus.
Job M. Baker, Vicksburgh, Mississippi, on Cynanche Trachealis.
Joseph W. Hegeman, Vicksburgh, Mississippi, on Bilious Fever.
William Monett, Washington, Mississippi, on Dengue.
Archibald Smith, Amity county, Mississippi, on Pneumonia Biliosa.
William W. Bunnel, Washington, Ind. on Sick Stomach, or *Milk Sickness.*
James C. Kelso, Livonia, Ind. on Epidemic Dysentery.
John Lee Rogers, Greenville, Illinois, on Abortion.
Samuel Lessley, Abbeville, S. Carolina, on Functional Derangements of the Liver.

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